

GUARDIAN AND CONSERVATOR

For an Adult

1

**OR a person at least 17.5 years old,
to *become effective* at age 18**

Part 1: Preparing the First Court Papers

(Forms)

APPOINTMENT OF GUARDIAN AND CONSERVATOR FOR AN ADULT

(or persons at least 17.5 years of age to become effective at 18)

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You want the court to appoint a guardian and conservator for an incapacitated adult, **or** for a person who is at least 17 and a half years of age who will need a guardian and conservator **as an adult**, AND
- ✓ A guardian and conservator will be needed for *longer than 6 months* (See separate “**Temporary Orders**” packet if need expected to be **6 months or less**), AND
- ✓ The person who needs the guardian and conservator lives in or owns property in Maricopa County, AND
- ✓ A doctor has said or will say that the proposed protected person will need a guardian as an adult.

A CONSERVATOR IS GENERALLY NEEDED:

- Because the person for whom the conservator is to be appointed has income or property which will be wasted or used up unless proper management is provided, funds are needed for his or her support, or the funds are needed for the support of persons legally entitled to support *from* the person said to need the conservator.

*A GUARDIAN IS GENERALLY NEEDED:

- Because the person for whom the guardian is to be appointed is physically or mentally unable to take care of all of his or her own needs and requires someone legally authorized and responsible for acting in his or her best interests.

***Note:** You may file these papers to apply for the appointment of a Guardian / Conservator **for an Adult** for a person aged at least 17 and a half that will need a Guardian / Conservator as an adult. The appointment will become effective as of his or her 18th birthday.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

GUARDIANSHIP AND CONSERVATORSHIP

GET A PERMANENT APPOINTMENT FOR AN ADULT
or a person at least 17.5 years old *to become effective at age 18*

PART 1: PREPARING THE FIRST COURT PAPERS **(Forms Only)**

This packet contains court forms and instructions to file a permanent appointment for an adult. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File No.	Title	# pages
1	PBGCA1k	Checklist: <i>You may use these forms if . . .</i>	1
2	PBGCA1ft	Table of Contents (this page)	1
3	PB10f	<i>“Probate Information Cover Sheet”</i>	2
4	PBGCA11f	<i>“Petition for Permanent Appointment of Guardian and Conservator for an Adult”</i>	9
5	PBGC13f	<i>“Affidavit of Person to be Appointed”</i>	3
6	PBGCA12f	<i>“Petitioner’s Information Sheet to Court Investigator”</i>	2
7	PBGC14f	<i>“Order Appointing Attorney, Health Professional, Court Investigator”</i>	2
8	PBGCA15f	<i>“Guidelines for Health Professional’s Report”</i>	6
9	PBC16f	<i>“Acknowledgement of Conservator and Lawyer’s Undertaking and Obligation”</i>	2
10	PBGC18f	<i>“Notice of Hearing”</i>	1
11	PBGC19f	(Optional) <i>“Waiver of Notice”</i> and (Optional) <i>“Waiver of Servicemembers Civil Relief Act”</i>	2

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SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR CLERK'S USE ONLY

PROBATE INFORMATION COVER SHEET

Case Number: PB _____

A person needing a guardian or conservator is the "ward". A person who died is the "decedent".

INFORMATION ABOUT THE WARD or THE DECEDENT

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS : _____			
STREET ADDRESS (if different): _____			
TELEPHONE (Home): _____		SSN: _____	
TELEPHONE (Cellular): _____		EMAIL: _____	
<input type="checkbox"/> ADDITIONAL WARDS ARE INVOLVED. Information listed separately.			

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____	
MAILING ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____
INFORMATION ABOUT PETITIONER'S ATTORNEY: <input type="checkbox"/> Petitioner is not represented by an attorney, or	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

☐ An INTERPRETER IS NEEDED for this language: _____ By _____

(List Names of) Persons who need interpreter: Name: _____

Name: _____ Name: _____

STAFF USE ONLY: REASON FEES NOT PAID: ☐ Government Charge ☐ Deferred

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only **ONE**.

200 ESTATE

- ____ 201 Formal Appointment of Personal Representative
- ____ 202 Informal Appointment of Personal Representative
- ____ 203 Ancillary Administration
- ____ 204 Affidavit of Succession to Realty
- ____ 205 Trust Administration
- ____ 206 Formal Probate of Will
- ____ 207 Informal Probate of Will
- ____ 208 Proof of Authority
- ____ 210 Other _____
- Specify
- ____ 211 Single Transaction/Limited Conservatorship
- ____ 212 Foreign Domiciliary

220 CONSERVATOR

- ____ 221 Minor
- ____ 222 Adult Incapacitated Person

230 GUARDIANSHIP

- ____ 231 Minor
- ____ 232 Adult (including those with Dementia, Alzheimer's)
- ____ 233 Adult Requiring In-Hospital Mental Health Treatment

240 GUARDIANSHIP-CONSERVATOR COMBINATION

- ____ 241 Minor
- ____ 242 Adult (including those with Dementia, Alzheimer's)
- ____ 243 Adult Requiring In-Hospital Mental Health Treatment

Case No. _____

INFORMATION ABOUT THE FIDUCIARY, **the person to serve as guardian, conservator, or personal representative (executor) of the Estate of someone who died.**

NAME: _____		DATE OF BIRTH: _____				
MAILING ADDRESS: _____						
STREET ADDRESS: (if different) _____						
TELEPHONE (Home): _____		SSN: _____				
TELEPHONE (Cellular): _____		EMAIL: _____				
TELEPHONE (Work): _____		CERTIFICATION # _____ (for State-Licensed Fiduciaries ONLY)				
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____						
PHYSICAL DESCRIPTION:	RACE:		HEIGHT		WEIGHT:	
	EYE COLOR:			HAIR COLOR:		

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, **DO NOT SUBMIT THIS FORM.**

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and Conservatorship of:

Case Number PB: _____

**PETITION FOR PERMANENT
APPOINTMENT OF GUARDIAN
and CONSERVATOR FOR AN
ADULT, or**

☐ a Minor at least 17.5 years of age,
to become effective at age 18

Name of Person to be Protected

UNDER OATH OR BY AFFIRMATION:

INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5303 and 5404)

1. INFORMATION ABOUT THE PETITIONER (the person filing this petition)

(My) Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

My interest in or relationship to the person to be protected is: _____

(examples: mother, father, sister, brother, grandparent, legal guardian)

2. INFORMATION ABOUT THE PERSON TO BE PROTECTED (also known as "*the proposed protected person*" or "*the ward*")

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

3. INFORMATION ABOUT THE PROPOSED GUARDIAN AND CONSERVATOR:

(Complete this ***only*** if the proposed guardian/ conservator is someone **other than** Petitioner.)

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Relationship to the person to be protected is: _____

(examples: mother, father, sister, brother, grandparent, legal guardian)

A. The proposed guardian and conservator has priority for appointment as a conservator under Arizona law A.R.S. § 14-5410, because he or she is:

- ☐ (Already) A conservator, guardian of property or other similar fiduciary appointed or recognized by the appropriate court of *any other jurisdiction* in which the person to be protected resides.
- ☐ An individual or corporation nominated by the protected person if the protected person is at least fourteen years of age and has, in the opinion of the court, sufficient mental capacity to make an intelligent choice.
- ☐ The person nominated to serve as conservator in the protected person's most recent durable power of attorney.
- ☐ The spouse of the protected person.
- ☐ An adult child of the protected person.
- ☐ A parent of the protected person, or a person nominated by the will of a deceased parent.
- ☐ Any relative of the protected person with whom the protected person has resided for more than six months before the filing of the petition.
- ☐ The nominee of a person who is caring for or paying benefits to the protected person.
- ☐ If the protected person is a veteran, the spouse of a veteran or the minor child of a veteran, the department of veterans' services.

- ☐ A fiduciary who is licensed pursuant to Arizona law, A.R.S. § 14-5651, other than a public fiduciary.
- ☐ A public fiduciary who is licensed pursuant to Arizona law **A.R.S. § 14-5651**.
- ☐ **OTHER. Explain:** _____

B. The proposed guardian and conservator named above has priority for appointment as a guardian under Arizona law A.R.S. § 14-5311, because he or she is:

- ☐ The spouse of the incapacitated person;
- ☐ An individual nominated by the incapacitated person to be the guardian;
- ☐ An adult child of the incapacitated person;
- ☐ The parent of the incapacitated person;
- ☐ A relative of the incapacitated person and has lived with the person more than six months before filing this petition;
- ☐ Nominated by someone who is caring for or is paying benefits for the incapacitated person;
- ☐ Is a private fiduciary, a professional guardian, conservator, or the Arizona Veterans' Service Commission.
- ☐ Other (explain): _____

- 4. REASONS FOR GUARDIANSHIP:** The person to be protected needs a guardian because he or she is incapacitated as defined by Arizona Law, A.R.S. §14-5101(1), to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her own self-interests. Appointment of a guardian is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interests.

THE PERSON TO BE PROTECTED IS INCAPACITATED AND IN NEED OF CONTINUING CARE AND SUPERVISION DUE TO: (Check all that apply):

- ☐ Mental illness, mental deficiency, mental disorder; ☐ Chronic use of drugs;
- ☐ Physical illness or disability; ☐ Chronic intoxication;
- ☐ Other (explain): _____

5. TYPE OF GUARDIANSHIP: LIMITED OR GENERAL: (A.R.S. § 14-5303(B)(8))

A. ☐ A LIMITED GUARDIANSHIP is requested with the following specific powers:

1. Authority for the guardian to:

- | | |
|---|--|
| <input type="checkbox"/> Consent to Medical Treatment | <input type="checkbox"/> Consent to Make Living Arrangements |
| <input type="checkbox"/> Arrange Education or Training | <input type="checkbox"/> Consent to Marriage |
| <input type="checkbox"/> Apply for Public Assistance or Social Services | |
| <input type="checkbox"/> Consent to Outpatient Mental Health Care and Treatment | |

2. INPATIENT Mental Health Powers: The ward is incapacitated as a result of mental health disorder as defined in A.R.S. § 36-501.

- ☐ Authority is requested for the Guardian to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment. This request is supported by the opinion of a licensed psychiatrist or psychologist, included and made part of this document.

3. ☐ OTHER LIMITED POWERS REQUESTED: (List and Describe) _____

- ☐ Continues on attachment "Powers Requested", made part of this document.

(OR)

B. ☐ GENERAL GUARDIANSHIP is requested. As required by Arizona law, **A.R.S. §14-5303(B)(8)**, less restrictive alternatives to "general" guardianship, including technological assistance, have been considered, **however:** (Check the box if true*)

- ☐ The proposed ward is incapacitated in a manner or to an extent that a limited guardianship would not adequately protect and provide for the proposed ward's care and well-being.

(Optional additional information) _____

*** For the court to order a general guardianship, you must check the box and be prepared to offer clear and convincing evidence that less restrictive means of meeting the proposed ward's demonstrated needs would not be sufficient. (A.R.S. § 14-5304(B))**

NOTE: A *general* or "non-limited" guardianship includes authority to consent to *outpatient* mental health treatment but the Court must specifically grant authority to place the ward in an **inpatient** mental health facility. Check the box below if the best interests of the incapacitated person require the Guardian to have this authority.

- ☐ **INPATIENT Mental Health Powers:** Authority is requested for the Guardian to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment. This request is supported by the opinion of a licensed psychiatrist or psychologist, included with and made part of this document.

C. (Limited or General) DRIVING PRIVILEGES AND VOTING RIGHTS: (A.R.S. §§14-5304)

1. ☐ The proposed ward's incapacity does not prevent or interfere with safe operation of a motor vehicle. Petitioner requests that the court **not** suspend the ward's privilege to obtain or retain a driver's license. **Medical or other evidence will be presented in support of this statement and request.**
2. ☐ The Petitioner believes the proposed ward has sufficient capacity and understanding to exercise the right to vote. On behalf of the proposed ward, the Petitioner hereby petitions the court to consider the issue and hold a hearing at the same time as this Petition.

Clear and Convincing evidence will be presented that the proposed ward has sufficient understanding to exercise the right to vote.

6. **REASONS FOR CONSERVATORSHIP:** In accord with Arizona Law, A.R.S. §14-5401, the person to be protected needs a conservator because he or she has property which will be wasted or used up unless proper management is provided, **AND:** (Check all that apply)

- ☐ Funds are needed for the support, care and welfare of the protected person;
- ☐ Funds are needed for the support, care and welfare of others who are entitled to receive support **from** the protected person.

THE PERSON TO BE PROTECTED CANNOT PROVIDE PROPER MANAGEMENT DUE TO: (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Mental illness, mental deficiency, or mental disorder | <input type="checkbox"/> Physical illness or disability |
| <input type="checkbox"/> Chronic use of drugs | <input type="checkbox"/> Chronic intoxication |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Detention by a foreign power |
| <input type="checkbox"/> Disappearance (The person whose property needs protection cannot be found at this time.) | |

7. **LIMITED OR SINGLE TRANSACTION CONSERVATORSHIP** (Check box if applicable).

- ☐ **Conservatorship is needed for only a single transaction or for only the following limited purposes:** (Explain in detail) _____

8. INFORMATION ABOUT OTHER CONSERVATOR OR GUARDIAN:

To the best of my knowledge: (Check one box.)

☐ No Guardian or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment;

OR

☐ Someone *has* been appointed Guardian and/or Conservator, or court proceedings are pending. (If "yes", provide details below.)

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Relationship to the person to be protected is: _____

Was appointed ☐ GUARDIAN ☐ CONSERVATOR for the ward named in #2 above in:

Name of Court: _____ Located in:

City and State: _____

Date Appointed: _____ Other Details: _____

☐ To my knowledge **there are no other court cases** concerning the person to be protected,

OR

☐ There **are** or **have been** other court cases involving the ward. (If other court cases of **any** type, including "*custody*" matters", describe below, including name of court, location, type of case, date).

☐ Continues on attachment "***Additional Cases***", made part of this document.

9. INFORMATION ABOUT NEAREST RELATIVE:The nearest known relative is ☐ the petitioner ☐ the proposed conservator or ☐ NEITHER.

Name: _____

Address: _____

Telephone: _____

Relationship to the person to be protected is: _____

10. ASSETS OF THE PROPOSED PROTECTED PERSON ("the ward"): (Check one box)

☐ The ward has no substantial assets or income. No bond is required;

OR

☐ The ward has assets and/or annual income in the approximate amount of
\$ _____ List/Describe: _____

11. APPOINTMENT OF PHYSICIAN (or other health professional authorized or required by A.R.S. § 14-5303(c) or § 14-5312(B): (Guardianship cannot be established **for an adult** unless the adult is examined by a medical doctor, registered nurse or psychologist, whose written report is filed with the court before the hearing. If authority to consent to inpatient mental health care is requested, the report or a separate report recommending such authority **must** be prepared by a licensed psychiatrist or psychologist.)

The proposed protected person will be examined by a physician or other health professional authorized by Arizona law A.R.S. § 14-5303(C) or 5312 (B)), whose written report I will file with the court. The examiner will also indicate whether the protected person's driving privileges should be suspended and whether inpatient mental health treatment is recommended.

The person I say is in need of protection will be examined by:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Professional Title: ☐ Medical Doctor ☐ Registered Nurse ☐ Psychologist

12. APPOINTMENT OF AN ATTORNEY (Guardianship or conservatorship cannot be established **for an adult** who does not have an attorney appointed by the Court to represent his or her interests in court.) (Check one box only and fill in the information requested):

☐ The person I say is incapacitated already has an attorney who I request be appointed to represent him or her in court regarding the proposed guardianship and conservatorship:

Name of Attorney: _____

Address: _____

Telephone Number: _____ Bar # _____

Email Address: _____

The prior relationship (if any) between the attorney and the Petitioner or the Ward consists of:

(Explain) _____

OR

- ☐ The incapacitated person does **not** have an attorney to represent him or her in court. I will contact the Office of Public Defense Services at (602) 506-7437, after I file this paperwork to arrange for a lawyer to be appointed by the court.

REQUIRED STATEMENTS TO THE COURT: (Note: All of these statements must be true for this court to have the authority to grant your Petition.)

13. ☐ TRUE **Venue** (the court in which you are filing this Petition) is proper in this county because the proposed protected person lives in or is present in this county and has assets in this county.

14. ☐ TRUE The proposed guardian and conservator has completed the **Affidavit of Person to be Appointed as Guardian and Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.

15. ☐ TRUE I or the person I request to be appointed in section 3 is a suitable and proper person to act as guardian and conservator and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

16. **PERSONS ENTITLED TO NOTICE** of this matter under Arizona law **§14-5405** and to whom I will give notice of this case: (See instructions.)

	Name	Address	Relationship to the Ward
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

- ☐ (16) Continues on attachment "**Persons Entitled to Notice**", made part of this document.

REQUESTS TO THE COURT: Petitioner asks the court to:

1. Appoint a lawyer to represent the proposed protected person's interests, a physician or other health professional authorized by A.R.S. § 14-5303 or 5312 to report on his or her physical and mental condition, as well as a court investigator.
2. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a Guardianship and Conservatorship;
3. Make a finding that the person is incapacitated, needs a guardian, and if applicable, make a finding that the incapacitated person requires inpatient mental health care.
4. Make a finding that the person needs protection under law including a conservator;
5. If a general guardianship is ordered, make a finding that less restrictive means, including technological assistance were considered, but not adequate or appropriate;
6. Appoint the person proposed in this petition as Guardian of the protected person and Conservator of his or her estate;
7. Make any other orders the Court decides are in the best interests of the proposed incapacitated and protected person.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Sworn to or Affirmed before me this: _____ by _____
(Date)

Printed Name

My Commission Expires: (or _____
Seal below)

Deputy Clerk or ☐ Notary Public

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the
Guardianship and/or Conservatorship of:

Case Number: PB _____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN OR CONSERVATOR A.R.S. § 14-5106

_____ ☐ an Adult or ☐ a Minor

INSTRUCTIONS: As required by Arizona law A.R.S. § 14-5106, indicate whether statements 1-11 below are true or false, and provide the information requested to complete "12" and "13". Explain any "false" statements on separate page(s) and attach to this document before filing. Sign the document in the presence of a Clerk of the Court or a Notary Public, and file along with the *Petition for Appointment of Guardian and/or Conservator*.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. ☐ True or ☐ False. I have not been convicted of a felony in any jurisdiction.
2. ☐ True or ☐ False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.
3. ☐ True or ☐ False. I know and understand the powers and duties I would have as a guardian and/or conservator.
4. ☐ True or ☐ False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
5. ☐ True or ☐ False. To the best of my knowledge, neither I nor any business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
6. ☐ True or ☐ False. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.

Case No. _____

7. ☐ True or ☐ False. I have never been removed by the court as a guardian or conservator.
8. ☐ True or ☐ False. Neither I nor any business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
9. ☐ True or ☐ False. To the best of my knowledge, neither I nor any business in which I have an interest is named as a personal representative, trustee, devisee (beneficiary of a will), or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.
10. ☐ True or ☐ False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

(Explain every "false" above on separate page(s) and attach to this document before filing.)

11. **My relationship to the proposed person in need of protection is:**
(Examples: parent/grandparent/sister/caregiver/friend)

12. **I met the proposed ward under the following circumstances:**

OATH OR AFFIRMATION OF THE PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

I swear or affirm that I have read and understand the contents of this document, and that the information I have provided is true and correct to the best of my knowledge and belief.

Date

Signature

Affirmed before me
this:

by

(Date)

Printed Name

My Commission Expires:
/Seal (below):

☐ Deputy Clerk or ☐ Notary Public

NOTE: IF YOU ANSWERED "FALSE" TO ANY QUESTION ABOVE, YOU MUST ATTACH AN EXPLANATION AS INSTRUCTED ON THE NEXT PAGE.
The page following is an instruction page only. Do NOT file it with the Court.

**EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF A PERSON
WHO WANTS TO BE APPOINTED GUARDIAN OR CONSERVATOR**
(Required by Arizona Law: A.R.S. § 14-5106)

For any corresponding numbered statement on the Affidavit which you marked "False", ***explain the following*** on a separate page or pages and attach to your Affidavit. The information provided in the attachment is covered by the same oath or affirmation and penalty of perjury as the Affidavit.

FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS PAGE.

1. As to each felony for which you have been convicted, list:
 - a. The nature of the offense.
 - b. The name and address of the sentencing court.
 - c. The case number.
 - d. The date of conviction.
 - e. The terms of the sentence.
 - f. The name and telephone number of any current probation or parole officer.
 - g. The reasons why the conviction should not disqualify you from appointment.
2. If you have acted as guardian or conservator within three years before filing this petition, list:
 - a. The names of individuals for whom you are currently serving, and court case numbers.
 - b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.
3. State the total number of persons for whom you have served as a guardian or conservator. If you have acted under a power of attorney for the proposed ward/protected person, explain:
 - a. The date the power of attorney was signed.
 - b. The place where it was signed.
 - c. The actions you have taken pursuant to the power of attorney.
 - d. Whether the power of attorney is currently in effect.
4. If you do not have the required information, please explain how you intend to obtain this information.
5. State the reason for such listing on Elder Abuse Registry and the name of any business in which you have an interest that is listed on the Registry.
6. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.
7. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
8. State the number of occasions on which you and/or any business in which you have an interest received such gifts, list and describe the gifts, the dates received, and list the value of each.
9. State the number of occasions on which you or any business in which you have an interest have been named as a personal representative, trustee, or other type beneficiary listed.
10. List the name and address of each business and the extent and nature of your interest.

DO NOT FILE THIS SHEET
WITH THE CLERK'S OFFICE
INSTRUCTION SHEET ONLY

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR
☐ Respondent

FOR CLERK'S USE ONLY

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

Instructions to Petitioner: You must complete this form and send it to Court Administration. This information will assist the Court Investigator in scheduling and conducting an appointment with ***the proposed ward***, the person for whom a guardian and/or a conservator is said to be needed. **Incomplete or inaccurate information may cause the Court hearing on your Petition to be delayed.**

Your Case Number: PB _____

1. INFORMATION ABOUT THE PROPOSED WARD (the person said to need guardian or conservator):

Name: _____ Telephone: _____

Present Address: _____

Permanent Address: (if different) _____

Email Address: _____

Language person speaks: _____

Information about communication barriers: _____

PRIMARY WEEKDAY LOCATION

Monday-Friday, 8:00 A.M. TO 5:00 P.M., the Ward can usually be found at: (List full address below)

--

2. INFORMATION ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work Telephone:		
Email Address:		

Race:		
Height:		
Weight:		
Color of Hair:		
Color of Eyes:		
Relationship to Ward:		

3. INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN (or other authorized evaluator):

Name:		Telephone:	
Address:			
If <u>not</u> a <i>physician</i> , the evaluator is a <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist			
Email Address:			

4. INFORMATION ABOUT PETITIONER'S ATTORNEY:

Name:		Telephone:	
Address:			
Email Address:			

5. INFORMATION ABOUT CO-PETITIONER'S ATTORNEY:

Name:		Telephone:	
Address:			
Email Address:			

For Court Use Only:

Date and Time of Hearing: _____

Commissioner: _____

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of
Guardianship and/or Conservatorship for:

Case Number PB: _____

ORDER APPOINTING ATTORNEY,
☐ **HEALTH PROFESSIONAL,* and**
☐ **COURT INVESTIGATOR**
regarding Petition for: (check one or both)
☐ **GUARDIANSHIP** ☐ **CONSERVATORSHIP**

*a physician or other medical professional
authorized by A.R.S. § 14-5303 (C)*

Name of Adult, or ☐ Minor Needing Protection

1. **SCHEDULED HEARING:** A sworn Petition for Appointment of a Guardian and/or Conservator was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

DATE AND TIME: _____

LOCATION: _____

JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

Counsel shall adhere to the Court's **Guidelines for Appointed Counsel.**

3. **HEALTH PROFESSIONAL APPOINTMENT AND REPORT:** A physician or other medical professional authorized by Arizona law A.R.S. §14-5303(C) is appointed to examine the proposed ward and to prepare a written report about his or her physical and mental condition:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

The appointee, *if other than a medical doctor*, is a:

☐ Psychologist

☐ Registered Nurse (R.N.)

4. **COURT INVESTIGATOR:** An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. **OTHER ORDERS TO PETITIONER:**

- A. **WITHIN 24 HOURS FROM THE DATE OF THIS ORDER, Petitioner must mail or deliver to the court-appointed attorney** named in "2" above, copies of:

1. the **Petition for Permanent Appointment** and all related court paperwork,
2. any health professional's reports in his or her possession, and
3. any Orders of the court.

- B. **IF an "Evaluator" is named in "3" above, NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING, Petitioner must:**

1. **File the original** of the **health professional's Report** with the Clerk of the Court, Probate Registrar;
2. **Mail or hand-deliver a copy of the Report to the:**
 - a. attorney named in paragraph 2,
 - b. offices of the Judicial Officer named in paragraph 1, *and*
 - c. offices of the Court Investigator, 125 West Washington, Phoenix, AZ 85003.

- C. **Other:** _____

DONE IN OPEN COURT: _____ **JUDGE/COMMISSIONER**

GUIDELINES FOR HEALTH PROFESSIONAL'S REPORT

FOR CLERK'S USE ONLY

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the physician, registered nurse, or psychologist appointed by the Court to evaluate the health of the person said to need protection immediately after the "**ORDER APPOINTING** (Attorney, Health Professional, and Court Investigator)" is signed. The complete written report should be given to everyone listed in the "**ORDER APPOINTING**" no later than **10 days before** the scheduled hearing.

COURT CASE NUMBER: PB _____

NAME OF EVALUATOR: _____

EVALUATOR'S PROFESSION: ☐ Physician ☐ Registered Nurse ☐ Psychologist

NAME OF PATIENT (subject of this evaluation): _____
(Person said to need guardian)

NAME OF PETITIONER: _____

PETITIONER'S TELEPHONE NUMBER: _____

DATE AND TIME OF COURT HEARING: _____

INSTRUCTIONS TO PHYSICIAN OR OTHER EVALUATOR: A court case has been filed that asks the court to appoint a guardian for the person named as "Patient" above. Before granting such a petition, the court must decide if mental, physical, or other cause exists which requires appointment of a guardian. To make that decision, the Court needs to know what you think about:

- the person's mental and physical health, and
- whether the person needs inpatient mental health treatment, and
- whether the person's driving privileges should be suspended.

The court has developed this form to make it easier for you to prepare your report. You may submit your report using this form *or in any format you choose*, but please provide the same type of information as provided for on this form. Note that if the Petitioner is seeking authority to consent to inpatient mental health treatment this report or a separate report recommending such authority must be signed by a licensed psychologist or psychiatrist. (A.R.S. § 14-5312(B))

After you complete the report, give the original report to *the Petitioner*, who is responsible for distributing copies to the proper parties. Please do not file your report with the Clerk of the Court.

PLEASE DATE AND SIGN YOUR REPORT. The Court realizes that your time is valuable.

THANK YOU FOR YOUR TIME AND ASSISTANCE.

QUESTIONS FOR HEALTH PROFESSIONAL TO ANSWER:

Note: If not enough space on this form to answer, write in "See attached" and respond on separate page.
Please re-state the question on the attachment and use same number as from this document.

1. What is the date you last saw the patient? _____
2. How long have you been treating the patient? _____
3. Why were you asked to do this evaluation?
 - ☐ I have been the person's physician for many years.
 - ☐ I was asked to do so by the family.
 - ☐ I was selected by an attorney.
 - ☐ My office is close to the person's residence.
 - ☐ I am a ☐ doctor, ☐ registered nurse, or ☐ psychologist, for the person's nursing home.
 - ☐ Other: _____
4. What is your area of specialty? _____
 Are you Board Certified in this area? ☐ Yes ☐ No
 In any other areas? ☐ Yes ☐ No
 If "yes", list: _____
5. Does the person you are evaluating appear to be having difficulty in any of the following areas?

<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Physical illness
<input type="checkbox"/> Chronic intoxication or drug use	<input type="checkbox"/> Cognitive abilities
<input type="checkbox"/> Anything else (explain below)	<input type="checkbox"/> Physical illness ONLY
6. If he or she is having difficulty, please specify the nature of the illness, disorder, etc., including diagnosis:

7. Has the person been treated or hospitalized before for this difficulty? ☐ Yes ☐ No
 If yes, when and where?

8. Is the person able to do the following things? Please check each applicable box.

- | | |
|---|--|
| <input type="checkbox"/> Pay his or her bills | <input type="checkbox"/> Take medication appropriately |
| <input type="checkbox"/> Obtain food | <input type="checkbox"/> Provide adequate housing |
| <input type="checkbox"/> Live alone | <input type="checkbox"/> Exercise daily self-help skills |
| <input type="checkbox"/> Make appropriate judgments that will protect him or her personally, physically, or financially | |
| <input type="checkbox"/> Drive a motor vehicle. (If "yes", explain below.) | |

If you believe a *guardianship* is warranted but you believe the person to be protected is capable of and *should be permitted to drive a motor vehicle*, please explain.

9. If the person is currently on medication, please list:

10. Do you believe that the medication is affecting the person's ability to respond coherently?

☐ Yes ☐ No

11. Do you believe that the medication is affecting the person's ability to ambulate? ☐ Yes ☐ No

12. Do you believe that a "medication holiday," if possible, would help you better evaluate the person?

☐ Yes ☐ No

13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities? ☐ Yes ☐ No

14. Do you believe that any further medical evaluation or treatment would benefit the person?

☐ Yes ☐ No

If so, please give your recommendation:

15. Do you think the person would benefit from other types of therapy such as counseling?

☐ Yes ☐ No If yes, describe:

Case No. _____

16. Where do you think the person should live today?

- | | | | |
|--------------------------|---|--------------------------|----------------------|
| <input type="checkbox"/> | At home with a companion | <input type="checkbox"/> | At home with a nurse |
| <input type="checkbox"/> | In a group home | <input type="checkbox"/> | In a boarding home |
| <input type="checkbox"/> | In a supervisory care facility | <input type="checkbox"/> | In a nursing home |
| <input type="checkbox"/> | In a hospital | | |
| <input type="checkbox"/> | In a level-one behavioral health facility for inpatient mental health treatment. Explain. | | |
| <input type="checkbox"/> | Other -- please explain. | | |

17. Do you believe that the person's condition could improve within 6 months to a year?

☐ Yes ☐ No

18. Is there is any reason for the court to review this matter again within less than one year?

☐ Yes ☐ No

19. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

MENTAL HEALTH TREATMENT ISSUES (This section must be completed IF the petitioner is requesting authority for a *guardian* to consent to inpatient mental health treatment, *and if so*, this report or a separate report covering this information must be completed and signed by a licensed psychologist or psychiatrist.)

Note: *If not enough space* on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

1. Is it the opinion of the undersigned that the patient is incapacitated as a result of a mental disorder?

☐ Yes ☐ No

2. What is the mental disorder? _____

Case No. _____

3. **Is it the opinion of the undersigned that the patient is likely to need inpatient mental health care and treatment within the next year?** ☐ Yes ☐ No (The maximum term for which authority may be granted to place a patient in inpatient mental health care and treatment is one year. This authority may be renewed or extended based on the evaluation and recommendation of a licensed physician or psychologist submitted with the annual report of the guardian. **A.R.S. § 14-5312.01(P)**)
4. **In the event that the answer to #3 is “Yes”, please explain the need for, and the anticipated onset and duration of the inpatient treatment:**
- _____
- _____
- _____
5. **What kind of treatment is the patient currently receiving for this disorder?**
- _____
- _____
- _____
6. **Give a comprehensive assessment of any functional impairments of the patient.**
- _____
- _____
- _____
7. **How and to what extent do these impairments affect the patient’s ability to receive or evaluate information needed in making or communicating personal and financial decisions?**
- _____
- _____
8. **What tasks of daily living is the patient capable of performing without direction or with minimal direction?**
- _____
- _____
- _____
9. **What is the most appropriate rehabilitation plan or care plan for the patient?**
- _____
- _____
- _____
10. **What would be the least restrictive living arrangement reasonably available for the patient?**
- _____
- _____
- _____

Case No. _____

11. Is there any reason why this patient should not personally appear in court? ☐ Yes ☐ No
If "yes", please explain.

12. Please make any additional comments or suggestions you feel would be valuable to the court:

DATE REPORT PREPARED: _____

SIGNATURE

PRINTED NAME, PROFESSIONAL TITLE (MD, RN, etc.)

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of:

Case No. PB _____

ACKNOWLEDGEMENT OF CONSERVATOR and LAWYER'S UNDERTAKING AND OBLIGATION

Name of the Protected ☐ Adult or ☐ Minor

I, _____, having been appointed by
(Conservator's Name)

the Superior Court of Arizona in Maricopa County as Conservator for the protected person
named above, hereby authorize _____ to
(Attorney's Name)

deposit all of the net conservatorship assets, in the amount of \$ _____

The assets will be deposited in a restricted account in my name _____ as the Conservator for:

(Name of the Protected Adult or Minor)

- This shall be a restricted account.
- No withdrawals of principal or interest will be permitted except by certified order of the Superior Court of Arizona in Maricopa County.
- Reinvestments may be made without an order of the Court as long as each account remains restricted and at the same financial institution.

Date

Conservator's Signature

Signed or Affirmed before me: _____ by _____
(Date)

Printed Name

My Commission Expires/: _____
Seal below:

Deputy Clerk or Notary Public

Case No. _____

LAWYER'S UNDERTAKING AND OBLIGATION

I, as an officer of this Court and as the attorney for _____
(Conservator's Name)

in this person's capacity as the conservator for _____
(Protected Person's Name)

hereby assume and undertake personal responsibility to the protected person and to the Court to make the above designated restricted deposit and to deliver to the Court a completed *Proof of Restricted Account* form evidencing the restricted deposit and the amount thereof within thirty (30) days from this date or to refund all of the funds to the Court immediately upon demand.

Date: _____

(Attorney's Signature)

(Attorney's Printed Name)

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship for:

Case Number: PB _____

NOTICE OF HEARING REGARDING

(Check one box)

☐ an Adult ☐ a Minor

☐ Guardianship ☐ Conservatorship
☐ Guardianship and Conservatorship

THIS IS A LEGAL NOTICE; Your rights may be affected.

An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court paper indicated below (Check the box to indicate whether the Petition was for a Permanent or Temporary appointment, and a second box to indicate whether for Guardian and Conservator, or just one):

Petition for ☐ **Permanent** ☐ **Temporary** Appointment of a ☐ **Guardian and Conservator** (or)
☐ **Guardian or** ☐ **Conservator** (only)

Affidavit of Person to be Appointed

2. **COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE and TIME _____

PLACE: _____

JUDICIAL OFFICER: _____

3. **RESPONSE TO PETITION.** You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response *or* by appearing in-person at the hearing. *If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

If you object to any part of the Petition or Motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____
(Month/Day/Year)

Petitioner's Signature

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

(Optional) **WAIVER OF NOTICE and
(Optional) WAIVER OF SERVICE MEMBERS
CIVIL RELIEF ACT(SCRA) RIGHTS
regarding:**

_____ An incapacitated or protected **Adult** or ☐ **Minor**

☐ **Guardianship**
☐ **Conservatorship** (check one or both)

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. **MY RELATIONSHIP** to the incapacitated or protected person named above is:

(examples: parent, grandparent, guardian) _____

2. **I HAVE RECEIVED the Petition and/or other court papers indicated below:**

(Check the box next to [only] the documents you received.)

- ☐ **Petition for Permanent Appointment of:** ☐ **Guardian** ☐ **Conservator**
☐ **Petition for *Temporary/Emergency* Appointment of:** ☐ **Guardian** ☐ **Conservator**
☐ **Order Appointing Attorney, Health Professional, Court Investigator**
☐ **Affidavit of Person to be Appointed** ☐ **Consent of Parent** (*only* if regarding a minor)

or ☐ **Petition for Approval of Accounting** ☐ **Annual Report of Guardian**

☐ **Other:** _____

3. (Optional) ☐ **I WAIVE NOTICE** of all court filings and proceedings regarding this matter.
I understand that I can reverse this waiver by filing a written document with the court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

4. **MILITARY STATUS**

☐ I am **NOT** on active duty in the U.S. military;

OR

☐ I **AM** on active duty in the U.S. military.

If you are on active duty with the U.S. military, see the information on your rights under the Servicemember's Civil Relief Act and the optional waiver of the right to delay this court proceeding under the Act on the page following.

**SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA)
INFORMATION AND *OPTIONAL* WAIVER**

NOTE: When military duty interferes with the ability to participate in a case, the **Servicemember's Civil Relief Act (SCRA)** may permit a service member to delay or overturn a civil court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemember's Civil Relief Act. If Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do not wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.
(Optional)

☐ **I WAIVE any right I may have under the SCRA to delay this matter.**

**WAIVER OF NOTICE and *(if applicable)*
SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) WAIVER**

I have read and understand this **Waiver of Notice** and the separate **Servicemember's Civil Relief Act Waiver**. I understand that I am not required to either waive notice **or** any rights that may apply under the SCRA, but **if** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

Date

Signature of Person Receiving Documents

Sworn to or Affirmed before me:

by

(Date)

Printed Name

My Commission Expires: (or
Seal below) _____

☐ Deputy Clerk or ☐ Notary Public